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Bib Data Sheet

CONFIRMATION NO. 4492

SERIAL NUMBER 10/782,176	FILING DATE 02/19/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO.
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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CIP of 10/411,740 04/11/2003 PAT 6,704,955 *O.K. R.S.*

**** FOREIGN APPLICATIONS *******
none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 05/13/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>Robert L. Santos R.G.S.</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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ADDRESS
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TITLE
 Method for securing bed coverings and apparatus therefor

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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